

<i>SERFF Tracking Number:</i>	<i>PALD-126579301</i>	<i>State:</i>	<i>Arkansas</i>
<i>Filing Company:</i>	<i>Pacific Life Insurance Company</i>	<i>State Tracking Number:</i>	<i>45402</i>
<i>Company Tracking Number:</i>	<i>A10SUW</i>		
<i>TOI:</i>	<i>L08 Life - Other</i>	<i>Sub-TOI:</i>	<i>L08.000 Life - Other</i>
<i>Product Name:</i>	<i>A10SUW</i>		
<i>Project Name/Number:</i>	<i>A10SUW/A10SUW</i>		

Filing at a Glance

Company: Pacific Life Insurance Company

Product Name: A10SUW

TOI: L08 Life - Other

Sub-TOI: L08.000 Life - Other

Filing Type: Form

SERFF Tr Num: PALD-126579301 State: Arkansas

SERFF Status: Closed-Approved-
Closed State Tr Num: 45402

Co Tr Num: A10SUW

State Status: Approved-Closed

Reviewer(s): Linda Bird

Author: Mary Fortman

Disposition Date: 04/15/2010

Date Submitted: 04/12/2010

Disposition Status: Approved-
Closed

Implementation Date:

Implementation Date Requested: 08/01/2010

State Filing Description:

General Information

Project Name: A10SUW

Project Number: A10SUW

Requested Filing Mode:

Explanation for Combination/Other:

Submission Type: New Submission

Overall Rate Impact:

Filing Status Changed: 04/15/2010

Status of Filing in Domicile: Pending

Date Approved in Domicile:

Domicile Status Comments:

Market Type: Individual

Group Market Size:

Group Market Type:

Explanation for Other Group Market Type:

State Status Changed: 04/15/2010

Created By: Mary Fortman

Corresponding Filing Tracking Number:

Deemer Date:

Submitted By: Mary Fortman

Filing Description:

April 7, 2010 NAIC # 00067466

FEIN # 95-1079000

Mr. John Shields

Policy Form Filings, Life

Arkansas Department of Insurance

1200 W. Third Street

Little Rock, AR 72201-1904

SERFF Tracking Number: PALD-126579301 State: Arkansas
Filing Company: Pacific Life Insurance Company State Tracking Number: 45402
Company Tracking Number: A10SUW
TOI: L08 Life - Other Sub-TOI: L08.000 Life - Other
Product Name: A10SUW
Project Name/Number: A10SUW/A10SUW

Re: Form A10SUW, Application for Life Insurance – Simplified Underwriting
Form A10VLS, Supplement to Application – Variable Life
Form A10AI, Application for Life Insurance – Additional Information

Dear Mr. Shields,

We are submitting the above referenced individual life insurance forms in final print for your approval. These are new forms that do not replace any previously approved forms. They are being submitted in Nebraska, our state of domicile, and in all other states where Pacific Life is licensed and which require such filing.

The forms are application forms. The first 2 forms are for certain distribution system(s) to be used with the life insurance policies, both variable and non-variable, that are available from Pacific Life to those distribution systems. The last form is to be used with any approved application, to accommodate overflow information.

The following pertains to this submission:

- The Readability scores for these forms are 50.0, N/A, 51.1, thus satisfying any pertinent readability requirements of your state. The second form is for variable products only, and thus the score is “N/A”.
- The forms will be used with products marketed through our licensed agents.
- The target release date is August 1, 2010, or upon approval.
- If a filing fee is required, it is handled in the usual manner, or you will bill us, as appropriate.
- Any required certification forms are enclosed.
-

Statement of Variability – The only material that is variable has been bracketed for ease of identification, as follows:

Form Page Current Content Future Content

All 1 Current company mailing address Future company mailing address

A10VLS 2 Current Fund Managers and Fund Names Future Fund Managers and Fund Names

To the best of my knowledge and belief this filing complies with the laws and regulations of your state. If you would like to discuss any aspect of this filing, please feel free to contact me at (800) 800-6416, extension 7083.

Sincerely,

Mary Fortman, AIRC
Product Compliance, Life Division

Company and Contact

SERFF Tracking Number:	PALD-126579301	State:	Arkansas
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Company Tracking Number:	A10SUW		
TOI:	L08 Life - Other	Sub-TOI:	L08.000 Life - Other
Product Name:	A10SUW		
Project Name/Number:	A10SUW/A10SUW		

Filing Contact Information

Mary Fortman, Compliance Analyst	mfortman@pacificlife.com
45 Enterprise Drive	949-420-7083 [Phone]
Aliso Viejo, CA 92656	949-720-7424 [FAX]

Filing Company Information

Pacific Life Insurance Company	CoCode: 67466	State of Domicile: Nebraska
45 Enterprise Drive	Group Code: 709	Company Type:
Aliso Viejo, CA 92656	Group Name:	State ID Number:
(949) 420-7080 ext. [Phone]	FEIN Number: 95-1079000	

Filing Fees

Fee Required?	Yes
Fee Amount:	\$60.00
Retaliatory?	No
Fee Explanation:	3 applications x \$20.00 = \$60.00
Per Company:	No

COMPANY	AMOUNT	DATE PROCESSED	TRANSACTION #
Pacific Life Insurance Company	\$60.00	04/12/2010	35565294
Pacific Life Insurance Company	\$90.00	04/15/2010	35684755

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Correspondence Summary

Dispositions

Status	Created By	Created On	Date Submitted
Approved-Closed	Linda Bird	04/15/2010	04/15/2010

Objection Letters and Response Letters

Objection Letters				Response Letters		
Status	Created By	Created On	Date Submitted	Responded By	Created On	Date Submitted
Pending Industry Response	Linda Bird	04/14/2010	04/14/2010	Mary Fortman	04/15/2010	04/15/2010
Pending Industry Response	Linda Bird	04/13/2010	04/13/2010	Mary Fortman	04/13/2010	04/13/2010

<i>SERFF Tracking Number:</i>	<i>PALD-126579301</i>	<i>State:</i>	<i>Arkansas</i>
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<i>Project Name/Number:</i>	<i>A10SUW/A10SUW</i>		

Disposition

Disposition Date: 04/15/2010

Implementation Date:

Status: Approved-Closed

Comment:

Rate data does NOT apply to filing.

<i>SERFF Tracking Number:</i>	<i>PALD-126579301</i>	<i>State:</i>	<i>Arkansas</i>
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<i>Project Name/Number:</i>	<i>A10SUW/A10SUW</i>		

Schedule	Schedule Item	Schedule Item Status	Public Access
Supporting Document	Flesch Certification		Yes
Supporting Document	Application		No
Form	Application for Life Insurance - Simplified		Yes
	Underwriting		
Form	Supplement to Application - Variable Life		Yes
Form	Application for Life Insurance		Yes

<i>SERFF Tracking Number:</i>	<i>PALD-126579301</i>	<i>State:</i>	<i>Arkansas</i>
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<i>Project Name/Number:</i>	<i>A10SUW/A10SUW</i>		

Objection Letter

Objection Letter Status	Pending Industry Response
Objection Letter Date	04/14/2010
Submitted Date	04/14/2010
Respond By Date	05/14/2010

Dear Mary Fortman,

This will acknowledge receipt of the captioned filing.

Objection 1

No Objections

Comment: Regulation 57 was revised effective January 1, 2010, the filing fee is now \$50.00 per form. We will hold your filing in a pending status until the additional \$90.00 is received.

Please feel free to contact me if you have questions.

Sincerely,

Linda Bird

<i>SERFF Tracking Number:</i>	<i>PALD-126579301</i>	<i>State:</i>	<i>Arkansas</i>
<i>Filing Company:</i>	<i>Pacific Life Insurance Company</i>	<i>State Tracking Number:</i>	<i>45402</i>
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<i>Project Name/Number:</i>	<i>A10SUW/A10SUW</i>		

Response Letter

Response Letter Status	Submitted to State
Response Letter Date	04/15/2010
Submitted Date	04/15/2010

Dear Linda Bird,

Comments:

The following is our response to your objection letter.

Response 1

Comments: The additional \$90.00 has been submitted.

Related Objection 1

Comment:

Regulation 57 was revised effective January 1, 2010, the filing fee is now \$50.00 per form. We will hold your filing in a pending status until the additional \$90.00 is received.

Changed Items:

No Supporting Documents changed.

No Form Schedule items changed.

No Rate/Rule Schedule items changed.

Sincerely,

Mary Fortman

Sincerely,

Mary Fortman

SERFF Tracking Number: *PALD-126579301* *State:* *Arkansas*
Filing Company: *Pacific Life Insurance Company* *State Tracking Number:* *45402*
Company Tracking Number: *A10SUW*
TOI: *L08 Life - Other* *Sub-TOI:* *L08.000 Life - Other*
Product Name: *A10SUW*
Project Name/Number: *A10SUW/A10SUW*

Objection Letter

Objection Letter Status Pending Industry Response
Objection Letter Date 04/13/2010
Submitted Date 04/13/2010
Respond By Date 05/13/2010

Dear Mary Fortman,

This will acknowledge receipt of the captioned filing.

Objection 1

No Objections

Comment: Please refer to Arkansas Rule and Regulation 57 for Arkansas filing fees which were revised effective January 1, 2010. An additional filing fee of \$90.00 is due on this submission. The revised filing fee is \$50.00 per form. We will hold your filing in a pending status until the fee is received.

Please feel free to contact me if you have questions.

Sincerely,

Linda Bird

<i>SERFF Tracking Number:</i>	<i>PALD-126579301</i>	<i>State:</i>	<i>Arkansas</i>
<i>Filing Company:</i>	<i>Pacific Life Insurance Company</i>	<i>State Tracking Number:</i>	<i>45402</i>
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<i>Product Name:</i>	<i>A10SUW</i>		
<i>Project Name/Number:</i>	<i>A10SUW/A10SUW</i>		

Response Letter

Response Letter Status	Submitted to State
Response Letter Date	04/13/2010
Submitted Date	04/13/2010

Dear Linda Bird,

Comments:

The following is our response to you objection letter

Response 1

Comments: The reason I submitted \$20.00 for each application which was a total of \$60.00 is that in Reg. Section 5. Insurers, #6 of the Administrative and Regulatory Fees states:

(6) Policy, contract or annuity forms: Filing and review of each life and/or disability certificate rider, application, or endorsement, if filed separately from basic form, per insurer \$20.00

If this doesn't apply I will submit the additional \$90.00.

Related Objection 1

Comment:

Please refer to Arkansas Rule and Regulation 57 for Arkansas filing fees which were revised effective January 1, 2010. An additional filing fee of \$90.00 is due on this submission. The revised filing fee is \$50.00 per form. We will hold your filing in a pending status until the fee is received.

Changed Items:

No Supporting Documents changed.

No Form Schedule items changed.

No Rate/Rule Schedule items changed.

Sincerely,

<i>SERFF Tracking Number:</i>	<i>PALD-126579301</i>	<i>State:</i>	<i>Arkansas</i>
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<i>Project Name/Number:</i>	<i>A10SUW/A10SUW</i>		

Mary Fortman

Sincerely,
Mary Fortman

SERFF Tracking Number:	PALD-126579301	State:	Arkansas
Filing Company:	Pacific Life Insurance Company	State Tracking Number:	45402
Company Tracking Number:	A10SUW		
TOI:	L08 Life - Other	Sub-TOI:	L08.000 Life - Other
Product Name:	A10SUW		
Project Name/Number:	A10SUW/A10SUW		

Form Schedule

Lead Form Number:

Schedule Item Status	Form Number	Form Type Form Name	Action	Action Specific Data	Readability	Attachment
	A10SUW	Application/ Enrollment Form Application for Life Insurance - Simplified Underwriting	Initial		50.000	A10SUW.pdf
	A10VLS	Application/ Enrollment Form Supplement to Application - Variable Life	Initial		0.000	A10VLS.pdf
	A10AI	Application/ Enrollment Form Application for Life Insurance	Initial		51.100	A10AI.pdf

PACIFIC LIFE INSURANCE COMPANY

[Life Insurance Operations Center
P.O. Box 2030 • Omaha, NE 68103-2030
(800) 347-7787 • Fax (866) 964-4860
www.PacificLife.com]

**PACIFIC LIFE****APPLICATION FOR LIFE INSURANCE - SIMPLIFIED UNDERWRITING****PROPOSED INSURED**

1A. Name: First		MI	Last		B. Gender <input type="checkbox"/> Male <input type="checkbox"/> Female	
C. Residence Address: Street		City		State	Zip Code	D. How Long yr mo
E. Date of Birth (mm/dd/yyyy)	F. Place of Birth (State/Country)	G. Soc. Sec. Number	H. Driver's License # & State		I. Telephone # (include area code)	

2A. Employer's Name

B. Occupation		C. How Long Yr Mo	D. Duties	
3. Annual earned income from occupation \$	4. Annual unearned income (State sources in Remarks) \$		5. Net Worth \$	<input type="checkbox"/> Individual <input type="checkbox"/> Joint
6. Is the Proposed Insured married or in a legally recognized civil union or domestic partnership? <input type="checkbox"/> Yes <input type="checkbox"/> No If Yes, list amount of life insurance in force on your spouse/partner \$				
7A. Proposed Insured is a: <input type="checkbox"/> U.S. Citizen <input type="checkbox"/> U.S. Permanent Resident <input type="checkbox"/> Foreign National (Complete 7B through D)				
B. If Foreign National, provide Country		C. Visa Type		D. How long in this country?

POLICY INFORMATION (For variable universal life insurance, also submit Supplement To Application for Variable Life)

1. Product Name	2. Planned Annual Premium \$
-----------------	---------------------------------

FACE AMOUNT/ DEATH BENEFIT

[Basic Coverage Amount \$ _____
Annual Renewable Term ☐ Varying \$ _____
Other \$ _____
Total Initial Coverage = \$ _____]

DEATH BENEFIT OPTION (Check one):

- ☐ Option A (Level) ☐ Option B (Increasing)
☐ Option C (Face Amount plus premiums less distributions subject to limit shown in the illustration)

LIFE INSURANCE QUALIFICATION TEST (Check one):

- ☐ Guideline Premium Test (GPT)
☐ Cash Value Accumulation Test (CVAT)

BASIC COVERAGE TYPE (Not available on all products, check one)

- ☐ Type CV
☐ Type DB

GUARANTEED COST OF INSURANCE PERIOD

Indicate years:

☐ 0 ☐ 1 ☐ 2 ☐ 3 ☐ 5 ☐ 10 ☐ 15 ☐ Other _____
OPTIONAL BENEFITS

1. ☐ Accelerated Living Benefit Rider (Complete Disclosure Statement) 3. ☐ _____ \$ _____
2. SVER Term Insurance Rider \$ _____ 4. ☐ _____ \$ _____

SPECIAL POLICY DATING

A current policy date will be used unless you select one of the following.

- ☐ Date to Save Age ☐ Specific Date _____ (Indicate a date, excluding 29th, 30th, and 31st)
(mm/dd/yyyy)

By signing this application, I, as Applicant and/or Policyowner, understand that insurance charges and expenses begin on the policy date.

DATE STAMP (For Internal Use Only)

PRIMARY POLICYOWNER (If multiple Policyowners, use Remarks and they will own the policy as joint tenants with rights of survivorship unless otherwise stated.)

1. Policyowner is: ☐ Same as insured (Do not complete #2) ☐ Individual ☐ Trust (Complete Trust Information form) ☐ Partnership
☐ Business, Corporation, or Employer Controlled Trust (Complete Insured's Consent & Employer Acknowledgment form)

2A. Name	B. Relationship to Proposed Insured
----------	-------------------------------------

C. Address: Street	City	State	Zip Code
--------------------	------	-------	----------

D. Date of Trust (If applicable)	E. Soc. Sec. # / Tax ID #	F. Telephone # (include area code)
----------------------------------	---------------------------	------------------------------------

BENEFICIARY (If percentages are left blank, all named Primary Beneficiaries will share equally. If more space is needed, use Remarks.)

Primary	1A. Name	B. % Share	C. Date of Birth (mm/dd/yyyy)
	D. Relationship to Proposed Insured	E. Soc. Sec. Number / Tax ID Number	F. Date of Trust (mm/dd/yyyy)
<input type="checkbox"/> Primary <input type="checkbox"/> Contingent	2A. Name	B. % Share	C. Date of Birth (mm/dd/yyyy)
	D. Relationship to Proposed Insured	E. Soc. Sec. Number / Tax ID Number	F. Date of Trust (mm/dd/yyyy)

PREMIUM BILLING METHODS (Select billing method and frequency, if applicable.)

☐ Direct Billing Select Frequency: ☐ Annually ☐ Semi-Annually ☐ Quarterly
☐ Monthly Bank Draft (Complete Authorization for Electronic Funds Transfer (EFT) form)

PAYOR OF PREMIUMS

1. Payor of premium is (Check one): ☐ Proposed Insured ☐ Primary Policyowner ☐ Other (Complete #2)

2. Complete payor's address information below if different than Policyowner or Proposed Insured.

A. Name	B. Relationship to Proposed Insured(s)
---------	--

C. Care of (if applicable)

D. Address: Street	City	State	Zip Code
--------------------	------	-------	----------

GENERAL INFORMATION (To be completed by Proposed Insured. Provide details in Remarks.)

	Yes	No
1. Within the next 2 years do you plan to fly, or within the last 2 years have you flown, as a pilot, student pilot, or crewmember? (If Yes, complete the Aviation Questionnaire)	<input type="checkbox"/>	<input type="checkbox"/>
2. Within the next 2 years do you plan to participate in, or within the last 2 years have you participated in, parachute jumping, scuba diving, auto/motorboat/motorcycle racing, hang gliding, or mountain climbing? (If Yes, complete the Avocation Questionnaire)	<input type="checkbox"/>	<input type="checkbox"/>
3. Do you plan or expect to travel or reside outside the USA? (If Yes, complete the Foreign Residence & Travel Questionnaire)	<input type="checkbox"/>	<input type="checkbox"/>
4. Do you have any applications for life insurance currently pending or, within the last 6 months, have you applied for any life insurance that was not placed in force? If Yes, provide coverage amounts and final outcome in Remarks.	<input type="checkbox"/>	<input type="checkbox"/>
5. Have you ever had life insurance declined, rated, modified, cancelled, or not renewed?	<input type="checkbox"/>	<input type="checkbox"/>
6. Have you been convicted of a felony within the past 5 years?	<input type="checkbox"/>	<input type="checkbox"/>
7. Have you had a driver's license restricted or revoked or been convicted of 3 or more moving violations within the past 5 years?	<input type="checkbox"/>	<input type="checkbox"/>

MEDICAL INFORMATION (Provide details of all Yes answers. Identify question, and include diagnosis, dates, duration, treatment, prescribed medication, and names and addresses of all attending physicians and medical facilities. Use an additional sheet if necessary.)

1. Have you ever smoked or used any tobacco or nicotine products such as cigarettes, cigars, pipe, chewing tobacco, nicotine patch or gum?
- ☐ Currently Use
Check all that apply: ☐ Cigarettes ☐ Cigars ☐ Pipe ☐ Chewing tobacco ☐ Nicotine patch or gum ☐ Other _____
- ☐ Used in Past Types and dates last used: _____
- ☐ Never Used
- | | Yes | No |
|--|--------------------------|--------------------------|
| 2. In the last five years, have you been examined, treated or prescribed medication by a physician or medical practitioner or been examined or treated at a hospital or other Medical Facility? | <input type="checkbox"/> | <input type="checkbox"/> |
| 3. Have you been treated by a member of the medical profession for: high blood pressure, chest pain, heart trouble, stroke, lung disorder, cancer, diabetes, kidney disorder, liver disorder, or mental or nervous disorder? | <input type="checkbox"/> | <input type="checkbox"/> |
| 4. Have you received counseling or treatments for alcohol or drug use? | <input type="checkbox"/> | <input type="checkbox"/> |
| 5. Have you been diagnosed or treated by a member of the medical profession for Acquired Immune Deficiency Syndrome (AIDS) or AIDS Related Complex (ARC) or other immune deficiency disorders? | <input type="checkbox"/> | <input type="checkbox"/> |

Height	Has your weight changed by 10 or more pounds in the past 2 years? <input type="checkbox"/> Yes <input type="checkbox"/> No If Yes, provide details: _____
Weight	

Parent's Health History:				
	If Living		If Deceased	
	Age	Current State of Health	Age At Death	Cause of Death
Father				
Mother				

PHYSICIAN/HEALTH CARE PROVIDER INFORMATION

- 1A. Name and address of physician or practitioner last visited.
- | | |
|---------|---------------------|
| B. Date | C. Reason Consulted |
|---------|---------------------|
- D. Provide details for any treatment given or medication prescribed including any other medications regularly taken.

REMARKS (Use additional sheets of paper, if necessary.)

OTHER LIFE INSURANCE: IN FORCE AND REPLACEMENT INFORMATION

1. Is there any existing life insurance or annuity on the Proposed Insured?
☐ Yes ☐ No (If Yes, complete any applicable state replacement notice and submit with the application.)
If Yes, what is the total amount of coverage in force? _____
- 2A. Will the Pacific Life Insurance Company (PLIC) policy applied for replace, cause a change in, or involve a cash withdrawal or loan from or lapse of any life insurance policy or annuity on the Proposed Insured's life?
☐ Yes ☐ No (If Yes, complete questions 2B-E and any applicable state replacement forms and submit with the application.)
If Yes, how much will be replaced? _____
- B. Will any existing policy being replaced involve a 1035 Exchange? ☐ Yes ☐ No (If Yes, submit 1035 Exchange Absolute Assignment.)
- C. Is any existing policy being replaced a Modified Endowment Contract (MEC)? ☐ Yes (Provide policy number(s) in Remarks.) ☐ No ☐ Unknown
Under federal tax rules, if any policy is received in exchange for a MEC, the new policy will also be a MEC. This rule applies whether or not the policies are issued by the same insurance company.
- D. To the best of your knowledge is there a loan on any existing policy to be replaced? ☐ Yes (Provide policy number(s) in Remarks.) ☐ No
- E. If you answered Yes to #2D, do you want a new loan of equal value on this new policy? ☐ Yes (Not available if current policy is a MEC.) ☐ No

SIGNATURES

Any person who knowingly and with intent to defraud any insurance company or other person, files an application for insurance containing any materially false information or conceals for the purpose of misleading, information concerning any fact material thereto, commits a fraudulent insurance act, which is a crime and subjects such person to criminal and civil penalties. (Not applicable in Oregon.)

If you are signing on behalf of an entity, you represent that you are authorized to execute this document and make the statements that may be shown. You further represent that all requirements of those entities, including the use of any seal (in the case of a Corporation) and any authorized signatures (in the case of a Corporation and/or Trust), have been met.

THE INTERNAL REVENUE SERVICE DOES NOT REQUIRE MY CONSENT TO ANY PROVISION OF THIS DOCUMENT OTHER THAN THE CERTIFICATIONS REQUIRED TO AVOID BACKUP WITHHOLDING.

I have read and understand the Acknowledgments and Declarations on page 5 of this application and accept
Applicant's Initials these statements without modifications.

SIGNED BY APPLICANT IN:

City	State
------	-------

APPLICANT SIGNED AND DATED ON:

Date (mm/dd/yyyy)

 SIGN
HERE

X
Proposed Insured's Signature

 SIGN
HERE

X
Policyowner's Signature, if other than Proposed Insured, and include Title, if Corporation, Trust, or Business Entity

 SIGN
HERE

X
Applicant's Signature, if other than Proposed Insured and/or Policyowner, and include Title, if Corporation, Trust or Business Entity

 SIGN
HERE

X
Additional Policyowner's Signature & Title, if applicable

THE APPLICANT IS THE PARTY THAT APPLIES FOR THE POLICY.

PRODUCER'S CERTIFICATION

1. Certain states require replacement forms for any in force policies even if a replacement is not intended.
- | | Yes | No |
|---|--------------------------|--------------------------|
| A. Is there any existing or pending life insurance or annuity on the Proposed Insured? | <input type="checkbox"/> | <input type="checkbox"/> |
| B. To the best of your knowledge, will the policy applied for replace, cause a change in, or involve a cash withdrawal or loan from or lapse of any life insurance policy or annuity on the Proposed Insured's life or in any life insurance or annuity owned by the Applicant, or is the Policyowner considering using funds from existing policies to pay premiums on the new policy? | <input type="checkbox"/> | <input type="checkbox"/> |
| C. If Yes to #1B, I have discussed the appropriateness of replacement, and followed applicable state laws, PLIC's written replacement guidelines and, if applicable, I have complied with the replacement requirements of my broker-dealer. If No, explain: | <input type="checkbox"/> | <input type="checkbox"/> |
2. I have reviewed the application and have determined that the purchase is suitable as required under law, based in part upon information provided by the Applicant, Policyowner and Proposed Insured, as applicable, including age, income, net worth, tax and family status, and any existing insurance program. If the policy applied for is a variable life insurance policy, I further certify that I have also considered the Policyowner's liquidity needs, risk tolerance, and investment time horizon, and followed my broker-dealer's suitability guidelines in both the recommendations of this policy and the choice of investment options.

I certify that I have truly and accurately recorded the information supplied in the application and any supplements, if required.

 SIGN
HERE

X
Soliciting Producer's Signature

Soliciting Producer's Name: First MI Last (print)		
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ACKNOWLEDGEMENTS AND DECLARATIONS TO APPLICATION FOR LIFE INSURANCE – SIMPLIFIED UNDERWRITING

APPLICANT/POLICYOWNER REPRESENTATIONS OF INSURABLE INTEREST

As the Applicant and/or Policyowner, I represent that the Policyowner and Beneficiary have an insurable interest in the life of the Proposed Insured(s).
(Applicable except where the Proposed Insured is both Applicant and Policyowner.)

CERTIFICATION OF POLICYOWNER'S TAXPAYER IDENTIFICATION NUMBER

Under penalties of perjury, I, the policyowner, certify that:

1. The number shown on this form is my correct taxpayer identification number (or I am waiting for a number to be issued to me), and
2. I am not subject to backup withholding because: (a) I am exempt from backup withholding, or (b) I have not been notified by the Internal Revenue Service (IRS) that I am subject to backup withholding as a result of a failure to report all interest or dividends, or (c) the IRS has notified me that I am no longer subject to backup withholding, and
3. I am a U.S. citizen or other U.S. person (defined in the instructions in item 3 of the Certification on the official IRS Form W-9).

Note: You must cross out item 2 above if you have been notified by the IRS that you are currently subject to backup withholding because you have failed to report all interest and dividends on your tax return.

TAX REPORTING ON DISTRIBUTIONS TO FOREIGN NATIONALS

While PLIC may provide tax information to various United States federal and state agencies regarding certain life insurance or annuity activity, PLIC does not as a matter of course provide such information to any foreign governmental agencies and does not anticipate doing so at this time. Nonetheless, PLIC's tax reporting does not in any way affect the obligations that its policyowners may have with respect to such foreign governmental agencies or under foreign law. PLIC does not provide tax or legal advice, and nothing contained herein should be construed as such.

DECLARATIONS OF ALL SIGNING PARTIES

The answers provided in this application are true and complete to the best of my knowledge and belief. I understand and agree that:

1. (NOT APPLICABLE IN WEST VIRGINIA) Acceptance of a life insurance policy will be ratification of any administrative change with respect to such policy made by PLIC as indicated under the title Endorsement, where permitted by state law. All other changes made to the application or policy by PLIC will be indicated on an Amendment to Application form that must be signed by all applicable parties, prior to or at the time of delivery of this policy.
 2. If I am an active duty member of the United States Armed Forces (including active duty military reserve personnel), I confirm that this application was not solicited and/or signed on a military base or installation, and I have received from the Producer, whose name appears in the Producer's Certification section, the disclosure required by Section 10 of the Military Personnel Financial Services Protection Act.
 3. I must inform the Producer or PLIC in writing of any changes in the health of the Proposed Insured or if any of the statements or answers on this application change prior to delivery of the policy.
 4. My statements and answers in this application must continue to be true as of the date I receive the policy.
 5. No Producer is authorized to make or change contracts or insurance policies on the behalf of PLIC and no Producer may alter the terms of this application, or the policy, nor does the Producer have the authority to waive any of PLIC's rights or requirements.
 6. No representation is made that, based on information provided in the application, a particular premium rate, risk category or class will be offered to me. I will review my policy and ask the Producer or PLIC about the specific premium and risk class referenced in my policy.
 7. The policy as applied for in this application will meet my insurance needs and financial objectives based in part upon my age, income, net worth, tax and family status, and any existing insurance policies I own.
 8. (APPLICABLE ONLY IF THE EMPLOYER OR AN EMPLOYER-CONTROLLED TRUST IS TO BE THE OWNER OF THIS POLICY) If insurance is being applied for on the life of any non-exempt employee, then such insurance is not prohibited by applicable state law.
 9. I acknowledge having received, at or prior to the time of application, an illustration that matches the policy as issued.
 10. If I am applying for a policy that requires me to elect one of two types of basic insurance coverage (Type CV or Type DB), I understand that each type of basic coverage has its own charges, fees and expenses, and will result in a different pattern of benefits, including the death benefits and cash values. In general, Basic Coverage Type CV emphasizes potential cash value growth, while Basic Coverage Type DB emphasizes economical death benefit. I have consulted with the Producer and I have applied for the type of basic coverage that best suits my insurance needs and financial objectives. I understand that this election cannot be changed after the policy has been issued.
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PACIFIC LIFE INSURANCE COMPANY

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(800) 347-7787 • Fax (866) 964-4860
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**PACIFIC LIFE****SUPPLEMENT TO APPLICATION - VARIABLE LIFE**

Proposed Insured's Name: First MI Last	Date of Birth (mm/dd/yyyy)
Policyowner's Name (if other than Proposed Insured)	Policy Number (if applicable)

VARIABLE LIFE PRODUCTS ACKNOWLEDGMENT

With respect to the purchase of this variable life insurance policy, by signing an application I acknowledge that:

- I understand that the amount and duration of the death benefit may vary, depending on the investment performance of the variable investment options.
- I understand that the policy values may increase or decrease, depending on the investment experience of the variable investment options.
- I have considered the liquidity needs, risk tolerance and investment time horizon in selecting the variable investment options.
- My registered representative provided me with a copy of the current prospectus for the variable life insurance policy I applied for, as well as current prospectuses for all variable insurance options selected on an application or any supplementary forms.

POLICY VALUES MAY INCREASE OR DECREASE, AND MAY EVEN BE REDUCED TO ZERO AND CAUSE THE POLICY TO LAPSE WITHOUT VALUE, DEPENDING ON THE EXPERIENCE OF THE VARIABLE INVESTMENT OPTIONS. THE DEATH BENEFIT MAY BE VARIABLE OR FIXED UNDER SPECIFIED CONDITIONS. A CURRENT ILLUSTRATION OF BENEFITS, INCLUDING DEATH BENEFITS AND HYPOTHETICAL CASH SURRENDER VALUES, IS AVAILABLE UPON REQUEST.

VARIABLE LIFE PRODUCTS ILLUSTRATION DISCLOSURE

I understand that I have applied for and/or purchased a variable universal life insurance policy from Pacific Life Insurance Company (PLIC). I understand the following about variable universal life insurance and variable universal life insurance illustrations:

- Policy illustrations demonstrate the workings of a policy over time. Policy illustrations are presentations of non-guaranteed policy values over a period of years, based on assumptions of future investment results and assumptions as to what policy charges and credits will then be in effect. The hypothetical investment rates used in illustrations are illustrative only and should not be deemed to represent past or future investment results.
- In addition to investment results, future policy values depend on policy charges and credits. These charges and credits are determined by and may be adjusted by PLIC subject to contractual guarantees.
- Future policy values are also dependent on the amount and timing of premium payments, withdrawals and loans. Policy cash values may be more or less than premiums paid.
- The actual performance of the policy is likely to vary from the illustration as actual investment results and future policy charges and credits are either more or less favorable than illustrated. Such changes are likely to change the amount or number of required premiums to meet the original goals.
- The illustration may be based on policy options that require future action. Consult with your representatives to determine which (if any) illustrated policy options require future action.
- PLIC does not offer legal advice regarding state and federal tax laws pertaining to life insurance.



PREMIUM ALLOCATION INSTRUCTIONS (Transfer limitations apply to certain Investment Options. Refer to the prospectus for details.)

I direct that my initial premium, less any premium loads, be allocated as shown below. The total of the percentages must be 100%

%	Manager & Investment Option	%	Manager & Investment Option	%	Manager & Investment Option
_____	[Alger-Small-Cap Growth	_____	Fidelity-VIP Freedom Inc SC2	_____	OppenheimerFunds-Main Street Core]
_____	AllianceBernstein-International Value	_____	Fidelity-VIP Growth SC2	_____	Pacific Life-Fixed Account
_____	Analytic/JPM-Long/Short Large-Cap	_____	Fidelity-VIP Mid Cap SC2	_____	Pacific Life-Fixed LT Account
_____	Batterymarch-International Small-Cap	_____	Fidelity-VIP Value Strategies SC2	_____	[Pacific Life-1 Year Indexed Account
_____	BlackRock-Basic Value V.I. Fund III	_____	Franklin-Templeton Global Bond Sec	_____	(Not available on all products)
_____	BlackRock-Global Alloc V.I. Fund III	_____	Franklin/BlackRock-Small-Cap Equity	_____	PAM-Cash Management
_____	BlackRock-Equity Index	_____	GEAM-Total Return Fund Class 3	_____	PAM-High Yield Bond
_____	BlackRock-Mid-Cap Value	_____	Goldman Sachs-Short Duration Bond	_____	PIMCO-Inflation Managed
_____	BlackRock-Small-Cap Index	_____	Invesco-Comstock	_____	PIMCO-Managed Bond
_____	Capital Research-AF Asset Allocation	_____	Janus-Focused 30	_____	PLFA-Pac Dynamix-Conservative Growth
_____	Capital Research-AF Growth	_____	Janus-Growth LT	_____	PLFA-Pac Dynamix-Growth
_____	Capital Research-AF Growth-Income	_____	Janus-JAS Enterprise SS	_____	PLFA-Pac Dynamix-Moderate Growth
_____	ClearBridge-Large-Cap Value	_____	Janus-JAS Overseas SS	_____	Royce-Royce Micro-Cap Port SC
_____	ClearBridge-LM CBA Var Aggr Growth II	_____	Jennison-Health Sciences	_____	T. Rowe Price-Blue Chip Growth-II
_____	ClearBridge-LM CBA Var MC Core II	_____	Lazard-LRS US Strategic Equity	_____	T. Rowe Price-Dividend Growth
_____	Columbia-Technology	_____	Lazard-Mid-Cap Equity	_____	T. Rowe Price-Equity Income II
_____	Eaton Vance-Floating Rate Loan	_____	Lord Abbett-Fundamental Equity VC	_____	UBS Global AM-Large-Cap Growth
_____	Fidelity-VIP Contrafund SC2	_____	MFS-International Large-Cap	_____	Van Eck-VIP Global Hard Assets
_____	Fidelity-VIP Freedom 2010 SC2	_____	MFS-VIT New Discovery Series SC	_____	Western Asset-Diversified Bond]
_____	Fidelity-VIP Freedom 2015 SC2	_____	Morgan Stanley-Mid-Cap Growth	_____	_____
_____	Fidelity-VIP Freedom 2020 SC2	_____	Morgan Stanley-Real Estate	_____	_____
_____	Fidelity-VIP Freedom 2025 SC2	_____	NFJ-Small-Cap Value	_____	_____
_____	Fidelity-VIP Freedom 2030 SC2	_____	OppenheimerFunds-Emerging Markets	_____	_____

MUST TOTAL 100% _____

PORTFOLIO REBALANCING (Not available with Fixed Accounts or Dollar Cost Averaging service)

I authorize PLIC to automatically rebalance the Accumulated Value in the Variable Investment Options to the original allocation percentages I selected in the Premium Allocation Instructions section.

1. **Start Date:** _____ (Indicate a date, excluding 29th, 30th and 31st of the month)
(mm/dd/yyyy)

2. **Frequency** (Check one): ☐ Quarterly ☐ Semi-Annually ☐ Annually

If the date selected is prior to any applicable Free-Look Transfer Date, the rebalancing will take place on the next appropriate date based on the selected frequency. Rebalancing will continue until 1) a written request from the policyowner(s) to discontinue is received by PLIC, or 2) if at any time the policyowner moves all or any portion of the policy's accumulated value out of the investment options selected at the time of enrollment.

TELEPHONE & ELECTRONIC AUTHORIZATION

I understand that PLIC will act upon my telephone and/or electronic instructions for all of the following requests, unless I have chosen to withhold my authorization by checking the box below.

- Transfer Between Investment Options
- Rebalance Variable Investment Options
- Initiate Policy Loans
- Initiate Dollar Cost Averaging
- Change Future Premium Allocation Instructions

PLIC will use reasonable procedures to confirm that these requests are authorized and genuine. As long as these procedures are followed, PLIC and its affiliates and their directors, trustees, officers, employees, representatives and/or agents, will be held harmless for any claim, liability, loss or cost.

I further understand and agree that telephone and/or electronic transfers and allocation changes will be subject to the policy's terms and conditions and PLIC's administrative requirements.

By checking NO, I withhold my authorization for such telephone and/or electronic requests. ☐ NO

AUTHORIZATION FOR APPOINTMENT (Optional)

I authorize and appoint the party listed below to act on my behalf for the following limited requests, including any telephone and/or electronic requests:

Appointee's Name: First	MI	Last	Relationship to Policyowner <input type="checkbox"/> Producer <input type="checkbox"/> Other Party
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Check one:

- ☐ All Requests (listed in the Telephone & Electronic Authorization section)
- ☐ All Requests (listed in the Telephone & Electronic Authorization section) except initiating Policy Loans

ELECTRONIC INFORMATION CONSENT (Optional)

By checking YES, I consent to receive documents and notices applicable to my policy (including but not limited to prospectuses, prospectus supplements, proxy mailings) in electronic format, **when available**, instead of receiving paper copies of these documents by U.S. mail.

☐ YES E-mail Address: _____ (please print legibly)

I understand that:

- The initial electronic media type for prospectuses will be CD-ROM with future delivery method as an e-mail notification of documents that are viewable online.
- Not all policy documents and notifications may be currently available in electronic format and I consent to receive in electronic format any documents added in the future.
- I will continue to receive paper copies of annual statements if required by state or federal law.
- I must have ready access to a computer with Internet access, an active e-mail account to receive this information electronically, and the ability to read and retain it.
- There is no charge for electronic delivery, although my Internet provider may charge for Internet access.
- I must provide a current e-mail address and notify PLIC promptly when my e-mail address changes.
- I must update any e-mail filters that may prevent me from receiving e-mail notifications from PLIC.
- I may request a paper copy of the information at any time for no charge, even though I consented to electronic delivery.
- For jointly owned contracts, both owners are consenting that **only** the primary owner will receive information electronically.
- This election will be effective for all life insurance policies I currently own or acquire in the future (may exclude split dollar policies on a list bill).
- Electronic delivery will be cancelled if e-mails are returned undeliverable.
- This consent will remain in effect until I revoke it.

PLIC is not required to deliver this information electronically and may discontinue electronic delivery in whole or in part at any time. Please call (800) 347-7787 if you wish to receive a paper copy of any documents, need to update your e-mail address or would like to revoke your consent.

SIGNATURES

The information in this Supplement To Application will be attached and made part of the policy.

If you are signing on behalf of an entity, you represent that you are authorized to execute this document and to make the statements that may be shown. You further represent that all requirements of those entities, including the use of any seal (in the case of a Corporation) and the number of authorized signatures (in the case of a Corporation and/or Trust), have been met.

SIGNED BY APPLICANT IN:

City	State
------	-------

SIGN
HERE

X

Policyowner's Signature, and include Title, if Corporation, Trust, or Business Entity

SIGN
HERE

X

Applicant's Signature, if other than policyowner and include Title, if Corporation, Trust or Business Entity

APPLICANT SIGNED AND DATED ON:

Date (mm/dd/yyyy)

SIGN
HERE

X

Additional Policyowner's Signature, and include Title, if applicable

THE APPLICANT IS THE PARTY THAT APPLIES FOR
THE POLICY.

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**PACIFIC LIFE****APPLICATION FOR LIFE INSURANCE – ADDITIONAL INFORMATION**

Use this addendum if additional space is needed for explanations to answers on the Application for Life Insurance or Application Part II – Medical.

Proposed Insured's Name: First	MI	Last	Date of Birth (mm/dd/yyyy)	Soc. Sec. Number
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ADDITIONAL DETAILS (Identify Question and Section.)

SIGNATURES

The above statements are true and complete to the best of my knowledge and belief. I agree that such statements and answers shall become part of the application for life insurance.

**X**_____
Proposed Insured's Signature**SIGNED ON:** **Date** (mm/dd/yyyy)

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<i>SERFF Tracking Number:</i>	<i>PALD-126579301</i>	<i>State:</i>	<i>Arkansas</i>
<i>Filing Company:</i>	<i>Pacific Life Insurance Company</i>	<i>State Tracking Number:</i>	<i>45402</i>
<i>Company Tracking Number:</i>	<i>A10SUW</i>		
<i>TOI:</i>	<i>L08 Life - Other</i>	<i>Sub-TOI:</i>	<i>L08.000 Life - Other</i>
<i>Product Name:</i>	<i>A10SUW</i>		
<i>Project Name/Number:</i>	<i>A10SUW/A10SUW</i>		

Supporting Document Schedules

	Item Status:	Status
		Date:
Satisfied - Item:	Flesch Certification	
Comments:		
Attachment:		
Readability Certification.pdf		

	Item Status:	Status
		Date:
Bypassed - Item:	Application	
Bypass Reason:	Not applicable to this filing.	
Comments:		

READABILITY CERTIFICATION

Form Filing for: **Pacific Life Insurance Company**

Policy Form Number(s): R10SUW
A10VLS
A10AI

Form Name(s): Application for Life Insurance – Simplified Underwriting
Supplement to Application –Variable Life
Application for Life Insurance – Additional Information

Flesch Score(s): 50.0
N/A
51.1

(Flesch test was made for entire form, not for selected samples.)

Test type: 10 point

I certify that in my judgment this filing is:

- **READABLE** (simple sentence structure – shortness of sentences – use of common words – avoidance of legal and technical terms to greatest possible extent and defining of those terms which cannot be avoided – minimum of cross-references).
- **LEGIBLE** (ample type size for text with contrasting type for headings and subheadings – ample space between lines – ample white space in margins and between section – ample ink-to-paper contrast).
- **IN LOGICAL ORDER AND FORMAT** (table of contents or index included – sections and subsections self-contained and arranged in logical flow – extensive use of headings and subheadings to facilitate location of particular items – outline form used where desirable for clarity).

I believe this filing:

- Meets or exceeds the requirements of the policy readability legislation already enacted in numerous states; and
- Meets or exceeds the requirements of the NAIC Model Bill on language simplification.

Signed for the Company at Newport Beach, California on

4/9/10



SIGNATURE

THOMAS S. BEADLESTON

NAME

VICE PRESIDENT

TITLE